

## OFFICE OF THE STATE CONTROLLER

### STATE MANDATED COSTS CLAIMING INSTRUCTIONS NO. 2000-01

#### CRIMINAL BACKGROUND CHECKS AKA MICHELLE MONTOYA SCHOOL SAFETY ACT

In accordance with Government Code Section 17561, school districts may submit claims to the State Controller's Office for reimbursement of costs incurred for state mandated cost programs. The following are claiming instructions and forms that school districts will use for the filing of claims for Criminal Background Checks aka Michelle Montoya School Safety Act. These claiming instructions are issued subsequent to the adoption of the program's parameters and guidelines by the Commission on State Mandates.

This mandate requires school districts to obtain criminal background checks on specified certificated and non-certificated employees prior to hiring and to obtain certification that specified employees of entities that contract for various services have been fingerprinted. School districts are also required to suspend and terminate specified certificated employees, temporary, substitute, and probationary employees hired before September 30, 1997, if the school district receives notification from the Department of Justice that the employee has been convicted of a violent or serious felony.

Reimbursement claims detailing the actual costs incurred for the period September 30, 1997, through June 30, 1998, and fiscal year 1998-99 must be filed with the State Controller's Office. *Claims must be delivered or postmarked on or before May 2, 2000.* Claims filed after the deadline will be reduced by a late penalty of 10%, not to exceed \$1,000. In order for a claim to be considered properly filed, it must include supporting documentation as specified in the instructions substantiating the costs claimed. In addition, the functions performed by each employee for whom costs were claimed must be explained. *Claims filed more than one year after the deadline, or without supporting documentation, will not be accepted.*

Estimated claims for costs to be incurred during the 1999-00 fiscal year must also be filed by May 2, 2000. Timely filed claims will be paid before late claims.

#### **Minimum Claim Cost**

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as the fiscal agent for the district, may submit a combined claim in excess of \$200 on behalf of districts within the county even if an individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each school district. Once a combined claim is filed, all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating district. A school district may withdraw from the combined claim form by providing the county superintendent and the State Controller's

Office with a written notice of its intent to file a separate claim at least 180 days prior to the deadline for filing the claim. Claims should be rounded to the nearest dollar.

### **Estimated Claims**

Unless otherwise specified in the claiming instructions, claimants are not required to provide cost schedules and supporting documents with an estimated claim if the estimated amount does not exceed the previous fiscal year's actual costs by more than 10%. The claimant can simply enter the estimated amount on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, the claimant must complete claim forms as specified for the program and explain the reason for increased costs. If no explanation supporting the higher estimate is provided with the claim, the claim will automatically be adjusted to 110% of the previous fiscal year's actual costs.

### **Reimbursement Claims**

Reimbursement claims for actual increased costs must be supported by documentation providing evidence of the validity of the expenditures including, but not limited to, employee time records, invoices, receipts, contracts, and purchase orders. No claim for actual costs shall be filed without supporting documentation.

### **Audit of Costs**

All claims submitted to the State Controller's Office are reviewed to determine if costs are related to the mandate, are reasonable and not excessive, and the claim was prepared in accordance with the claiming instructions. If any adjustments are made to a claim, a "Notice of Claim Adjustment," specifying the claim component adjusted, the amount adjusted, and the reason for the adjustment, will be mailed within 30 days after payment of the claim.

On-site audits will be conducted by the State Controller's Office as deemed necessary. Accordingly, documentation to support actual costs claimed must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended. When no funds are appropriated for initial claims at the time the claim is filed, supporting documents must be retained for two years from the date of initial payment of the claim.

Claim documentation shall be made available to the State Controller's Office on request.

### **Retention of Claiming Instructions**

The claiming instructions and forms in this package should be retained permanently in your *Mandated Cost Manual* for future reference and use in filing claims. These forms should be duplicated to meet your filing requirements. Each year the State Controller's Office will send updates on forms as well as any other information or instructions necessary to file claims. When new program costs are claimable, instructions will be sent to claimants.

For your reference, these and future mandated costs claiming instructions and forms can be found on the Internet at [www.sco.ca.gov/ard/local/locrim/index.htm](http://www.sco.ca.gov/ard/local/locrim/index.htm).

### **Address for Filing Claims**

Submit a signed original and a copy of form FAM-27, Claim For Payment, and a copy of all other forms and supporting documents to:

If delivery is by  
U.S. Postal Service:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
P.O. Box 942850  
Sacramento, CA 94250

If delivery is by  
other delivery services:

Office of the State Controller  
Attn: Local Reimbursements Section  
Division of Accounting and Reporting  
3301 C Street, Suite 500  
Sacramento, CA 95816

# Criminal Background Checks

(aka Michelle Montoya School Safety Act)

## 1. Summary of Chapters 588/97 and 589/97

Education Code Sections 44332.6, 44830.1, 45122.1, 45125, and 45125.1 as added and amended by Chapters 588 and 589 Statutes of 1997, require school districts to obtain criminal background checks (cbc's) on specified certificated and non-certificated employees prior to hiring and to obtain certification that specified employees of entities that contract for janitorial, administrative, landscape, transportation, and food related services have been fingerprinted. This mandate also requires school districts to suspend and terminate specified certificated employees, temporary, substitute, and probationary employees hired before September 30, 1997, if the school district receives notification from the Department of Justice (DOJ) that the employee has been convicted of a violent or serious felony.

On March 25, 1999, the Commission on State Mandates (COSM) determined that Chapters 588 and 589, Statutes of 1997, resulted in state mandated costs that are reimbursable pursuant to Part 7 (commencing with Government Code Section 17500) of Division 4 of Title 2.

## 2. Eligible Claimants

With the exception of community colleges, any school district as defined in Government Code Section 17519 that incurs increased costs as a direct result of this mandate is eligible to claim reimbursement of these costs.<sup>1</sup>

## 3. Appropriations

These claiming instructions are issued following the adoption of the program's parameters and guidelines by COSM. Funding for payment of initial claims covering fiscal period September 30, 1997, to June 30, 1998, and the 1998-99 and 1999-00 fiscal years may be made available in a future appropriation act subject to the approval of the Legislature and the Governor.

To determine if this program is funded in subsequent fiscal years, refer to the schedule "Appropriation for State Mandated Cost Programs" in the *Annual Claiming Instructions for State Mandated Costs* issued in October of each year to county superintendents of schools and superintendents of schools.

## 4. Types of Claims

### A. Reimbursement and Estimated Claims

A claimant may file a reimbursement and/or an estimated claim. A reimbursement claim details the costs actually incurred for a prior fiscal year. An estimated claim shows the costs to be incurred for the current fiscal year.

### B. Minimum Claim

Section 17564(a) of the Government Code provides that no claim shall be filed pursuant to Section 17561 unless such a claim exceeds \$200 per program per fiscal year. However, any county superintendent of schools, as fiscal agent for the school districts, may submit a combined claim in excess of \$200 on behalf of one or more districts within the county even if the individual district's claim does not exceed \$200. A combined claim must show the individual claim costs for each district. Once a combined claim is filed all subsequent fiscal years relating to the same mandate must be filed in a combined form. The county superintendent receives the reimbursement payment and is responsible for disbursing funds to each participating school district. A school district may withdraw from the combined claim form by providing a written

<sup>1</sup> The activities under this mandate also apply to charter schools.

notice of its intent to file a separate claim to the county superintendent of schools and the State Controller's Office at least 180 days prior to the deadline for filing the claim.

## **5. Filing Deadline**

### **A. Initial Claims**

Pursuant to Government Code Section 17561, Subdivision (d)(3), initial and revised claims must be filed within 120 days from the issuance date of claiming instructions. Accordingly:

- (1) Reimbursement claims detailing the actual costs incurred for the period September 30, 1997, through June 30, 1998, and the 1998-99 fiscal year must be filed with the State Controller's Office and postmarked by May 2, 2000. If the reimbursement claim is filed after the deadline of May 2, 2000, the approved claim must be reduced by a penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.
- (2) Estimated claims for costs to be incurred during the 1999-00 fiscal year must be filed with the State Controller's Office and postmarked by May 2, 2000. Timely filed estimated claims are paid before late claims. If a payment is received for the estimated claim, a 1999-2000 reimbursement claim must be filed by January 15, 2001.

### **B. Annually Thereafter**

Refer to the item "Reimbursable State Mandated Cost Programs" contained in the cover letter for mandated cost programs issued annually in October that identifies the fiscal years for which claims may be filed. If an "x" is shown for the program listed under "19\_\_/19\_\_ Reimbursement Claim" and/or "19\_\_/20\_\_ Estimated Claim," claims may be filed as follows:

- (1) An estimated claim filed with the State Controller's Office must be postmarked by January 15 of the fiscal year in which the costs will be incurred. Timely filed estimated claims will be paid before late claims.

After having received payment for an estimated claim, the claimant must file a reimbursement claim by January 15 of the following fiscal year. If the school district fails to file a reimbursement claim, monies received for the estimated claim must be returned to the State. If no estimated claim was filed, the school district may file a reimbursement claim detailing the actual costs incurred for the fiscal year, provided there was an appropriation for the program for that fiscal year. For information regarding appropriations for reimbursement claims, refer to the "Appropriation for State Mandated Cost Programs" in the previous fiscal year's annual claiming instructions.

- (2) A reimbursement claim detailing the actual costs must be filed with the State Controller's Office and postmarked by January 15 following the fiscal year in which the costs will be incurred. If the claim is filed after the deadline but by January 15 of the succeeding fiscal year, the approved claim must be reduced by a late penalty of 10%, not to exceed \$1,000. Claims filed more than one year after the deadline will not be accepted.

## **6. Reimbursable Activities**

For each eligible claimant, all direct and indirect costs of labor, materials and supplies, contract services, equipment, training, and travel for the following activities only are eligible for reimbursement.

### **A. CBC FOR Previously Exempted, Non-Certificated Employees Hired after 9/30/97**

Obtaining fingerprints and the required processing fee from applicants selected for all non-certificated employee positions (school districts with an ADA of 400,000 or more and school districts wholly within a city and county only) or for temporary and substitute non-certificated employees employed for less than the school year (all other school districts); processing the fingerprints and any required forms, sending the fingerprints and forms to the Department of Justice (DOJ), resolving problems with DOJ; and reviewing the cbc's and other correspondence from DOJ to determine whether the applicant was arrested or convicted of a violent or serious

felony. Secondary school pupils employed in a temporary part-time position at the school they attend are exempt from these requirements.

For all non-certificated employees at all school districts hired after 9/30/97, the cost of overtime for existing employees required to perform the duties of the non-certificated applicant during the waiting period (from the date an offer of employment was made to the date the school district received the cbc from DOJ) are reimbursable. The difference in cost between the salary and benefits offered to the non-certificated applicant and the salary and benefits of the substitutes and temporary employees hired to perform the duties of the non-certificated applicant during the waiting period are also reimbursable.

**B. CBC for Non-Certificated Employees Hired before 9/30/97**

The one-time activity of reviewing employment records to determine which of the school district's non-certificated employees with a hire date before 9/30/97, except for pupils employed at the school they attend, did not have a cbc completed; obtaining fingerprints from these employees, processing the fingerprints and the required forms, forwarding this information to DOJ, resolving problems with DOJ, reviewing the cbc's and other correspondence from DOJ to determine whether the employee was convicted of a violent or serious felony. Fees school districts pay to DOJ for this process are reimbursable.

For all non-certificated employees hired before 9/30/97 at all schools, the cost of overtime for existing employees required to perform the duties of the non-certificated employees during the period from the date the employee was removed from his/her employment pending a cbc to the date that the school district received the cbc from DOJ are reimbursable. The difference in cost between the salary and benefits of the certificated employee and that of substitutes and temporary employees hired to perform the duties of non-certificated employees during the period from the date of removal of the employee pending a cbc to the date the school district received the cbc from DOJ is reimbursable.

**C. CBC for Certificated Employees Hired after 9/30/97**

Obtaining fingerprints and the required processing fee from applicants selected for all certificated positions; processing the fingerprints and required forms, sending information to DOJ, resolving problems with DOJ; and reviewing cbc's and correspondence from DOJ to determine whether the applicant has been convicted of a serious or violent felony.

For all certificated employees at all school districts hired after 9/30/97, the cost of overtime for existing employees required to perform the duties of the certificated employees during the waiting period is reimbursable. The difference in cost between the salary and benefits of the certificated employees and that of the substitutes and temporary employees during the waiting period is reimbursable.

**D. CBC for Certificated Employees Hired before 9/30/97**

The one-time activity of reviewing employment records to determine whether any certificated employee hired before 9/30/97, has been convicted of a violent or serious felony (other than a sex or narcotics offense); obtaining fingerprints from certificated employees hired before 9/30/97 for whom no cbc was completed; processing fingerprints and forms; sending the information to DOJ; reviewing the cbc and correspondence from DOJ to determine whether the employee has been convicted of a serious or violent felony. Fees school districts pay to DOJ for processing the information are reimbursable.

For all certificated employees at all school districts hired before 9/30/97, the cost of overtime for existing employees required to perform the duties of the certificated employees during the period of removal of the employee pending a cbc to the date the school district receives the CBC from DOJ is reimbursable. The difference in cost between the salary and benefits of the certificated employees and that of the substitutes and temporary employees during the waiting period is reimbursable.

**E. CBC for Certificated Employees Applying for a Temporary Certificate or Temporary Certificate of Clearance**

Obtaining fingerprints and the required fee for processing and obtaining a criminal record summary from applicants for certificated positions prior to employing such applicants based upon a temporary certificate (county office of education) or a temporary certificate of clearance (school districts); processing fingerprints, forms, and fees, sending information and fees to DOJ for processing, and resolving problems with DOJ; reviewing cbc's and correspondence from DOJ to determine whether the applicant was arrested or convicted of any serious or violent felony; and notifying an applicant whether the county office of education or school district will issue a temporary certificate or temporary certificate of clearance.

For all certificated employees applying for a temporary certificate or temporary certificate of clearance at all school districts hired after 9/30/97, the cost of overtime for existing employees required to perform the duties of the applicants during the waiting period is reimbursable. The difference in cost between the salary and benefits offered to the certificated applicant and that of the substitutes and temporary employees during the waiting period is reimbursable.

Reimbursement for the cost of obtaining a criminal background summary on employees currently and continuously employed by a school district within the county and who serve under a valid credential and have applied for renewal of that credential or for an additional credential is limited to the period from 9/30/97 to 9/25/98.<sup>2</sup>

**F. CBC for Contractor Employees**

Drafting and revising contracts, bid documents, requests for proposal, and other contract documents to include provisions relating to the duties of entities contracting with school districts to provide janitorial, administrative, landscape, transportation, or food related services to comply with Education Code Section 45125.1; determining whether the employees of entities contracting with school districts to provide these services will have limited contact with pupils; taking appropriate steps to protect the safety of the pupils who may come into contact with contractor employees who will have limited contact with pupils; assuring that the contracting entity provides a certification to the school district that none of its employees have been convicted of a felony and a list of employees who may come into contact with pupils; distributing the list to the appropriate school or schools.

**G. Electronic Fingerprinting Equipment**

The cost of electronic equipment and other equipment used to obtain cbc's including service system connection costs are reimbursable to the extent that the purchase is cost effective for the school district. Factors to determine cost effectiveness include, but are not limited to, staffing needs and the availability of electronic fingerprinting equipment in other jurisdictions within the community of the school district.

**H. Reporting to DOJ**

The one-time cost of compiling and preparing a report to DOJ by September 30, 1998, listing all the district's employees for the prior school year and indicating whether a cbc has been completed on each employee.

**I. Terminating, Suspending, and Reinstating Employees**

1. The one-time activity of reviewing school district records to determine whether any certificated temporary, substitute, or probationary employee hired before 9/30/97 and serving

<sup>2</sup> Education Code § 44332.6 was amended by Chapter 840/98, which added subdivisions (f)(1) and (2) to provide that "a county, or city and county board of education may issue a temporary certificate or temporary certificate of clearance to an employee currently and continuously employed by a school district within the county who is serving under a valid certification and has applied for a renewal of that credential or for an additional credential without obtaining a criminal record summary for that employee." This amendment became effective on September 25, 1998.

prior to March 15 of their second probationary year has been convicted of a violent or serious felony (other than a sex or narcotics offense); terminating such employees.

2. The one-time activity of reviewing school district records to determine if any non-certificated temporary, substitute, or probationary employee hired before 9/30/97 has been convicted of a violent or serious felony (other than a sex or narcotics offense); terminating such employees.
3. Immediately suspending any certificated temporary, substitute, or probationary employee serving before March 15 of his/her second probationary year or any temporary, substitute, or probationary non-certificated employee upon telephonic notice from DOJ that such employee has been convicted of a violent or serious felony.
4. Immediately terminating any certificated temporary, substitute, or probationary employee serving before March 15 of his/her second probationary year or any temporary, substitute, or probationary non-certificated employee upon written notification from DOJ that the employee has been convicted of a violent or serious felony.
5. Reinstating any employee who was suspended or terminated based upon notice from DOJ in the event DOJ withdraws its conviction notification in writing, including, without limitation, all salary, benefits, and other compensation paid to, or on behalf of, the employee upon reinstatement.

The cost of recruiting someone to replace a suspended or terminated employee is reimbursable. The difference between the salary and benefits of the suspended or terminated employee and that of the replacement is also reimbursable, if there are increased costs

#### **J. Preparation of Policies, Procedures, Guidelines, and Training**

Preparation and adoption of policies, procedures, and guidelines for obtaining and processing cbc's and other requirements of this mandate. This reimbursable component includes, but is not limited to, reimbursement of labor time of school district personnel involved with review of the test claim legislation; preparation of policies, procedures, and guidelines; preparation for, and attendance at, training sessions, and conducting training sessions. The cost of materials and supplies used for preparing policies, procedures, and guidelines used or distributed in training sessions, fees and costs paid to consultants who conduct training sessions, and travel and training expenses for the school district personnel who conduct or attend training sessions are reimbursable.

### **7. Reimbursement Limitations**

Any offsetting savings or reimbursement the claimant received from any source including, but not limited to, service fees collected, federal funds, and other state funds as a direct result of this mandate shall be identified and deducted so only net local cost is claimed.

### **8. Claiming Forms and Instructions**

The diagram "Illustration of Claim Forms" provides a graphical presentation of forms required to be filed with a claim. A claimant may submit a computer generated report in substitution for forms CBC-1 and CBC-2 provided the format of the report and data fields contained within the report are identical to the claim forms included in these instructions. The claim forms provided with these instructions should be duplicated and used by the claimant to file estimated or reimbursement claims. The State Controller's Office will revise the manual and claim forms as necessary.

#### **A. Form CBC-2, Component/Activity Cost Detail**

This form is used to segregate the detailed costs by claim component. A separate form CBC-2 must be completed for each cost component being claimed. Costs reported on this form must be supported as follows:



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(1) Salaries and Benefits

Identify the employee(s) and/or show the classification of each employee(s) involved. Describe the mandated functions performed by each employee and specify the actual time spent, the productive hourly rate, and related fringe benefits.

In lieu of actual hours, the average number of hours devoted to each reimbursable activity can be claimed if supported by a documented time study. At present no instructions are available for performing a time study. Therefore, it is suggested that claims be based on actual costs.

Reimbursement of personnel services includes compensation paid for salaries, wages, and employee fringe benefits. Employee fringe benefits include regular compensation paid to an employee during periods of authorized absences (e.g. annual leave, sick leave) and the employer's contribution to social security, pension plans, insurance, and workers' compensation insurance. Fringe benefits are eligible for reimbursement when distributed equitably to all job activities that the employee performs.

Source documents required to be maintained by the claimant may include, but are not limited to, employee time records that show the employee's actual time spent on this mandate.

(2) Materials and Supplies

Only expenditures that can be identified as a direct result of this mandate may be claimed. List the cost of materials consumed or expended specifically for the purpose of this mandate. The cost of materials and supplies that are not used exclusively for the mandate is limited to the pro rata portion used to comply with this mandate. Purchase shall be claimed at the actual price after deducting cash discounts, rebates, and allowances received by the claimant. Supplies that are withdrawn from inventory shall be charged based on a recognized method of costing, consistently applied.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the expenditures.

(3) Contract Services

Give the name(s) of the contractor(s) who performed the services. Describe the activities performed by each named contractor, actual time spent on this mandate, inclusive dates when services were performed, and itemize all costs for services performed. Attach consultant invoices with the claim.

Source documents required to be maintained by the claimant may include, but are not limited to, contracts, invoices, and other documents evidencing the validity of the expenditures.

(4) Fixed Assets

List the purchase price of equipment and other capital assets acquired specifically for the purpose of this mandate. Purchase price includes taxes, delivery, and installation costs. Explain the use of each asset. If the asset is acquired for the subject mandate, but is utilized in some way not directly related to the program, only the prorated portion of the asset that is used for purposes of this program is reimbursable.

Source documents required to be maintained by the claimant may include, but are not limited to, invoices, receipts, purchase orders, and other documents evidencing the validity of the purchases.

(5) Travel

Travel expenses for mileage, per diem, lodging, and other employee entitlements are reimbursable in accordance with the rules of the local jurisdiction. Give the name(s) of the traveler(s), purpose of travel, inclusive dates, destination points, and costs.

(6) Training

The cost of training for activities specified in **6. A. to J.** may be claimed. Give the name of the training session, dates, location, and name(s) of the employee(s) attending training associated with this mandate. Reimbursable costs include salaries and benefits for time spent, the registration fee, transportation, lodging, and per diem.

Source documents may include, but are not limited to, employee travel expense claims, receipts, training agendas, and other documents evidencing the training expenses.

For audit purposes all supporting documents must be retained for a period of two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds were appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial payment of the claim. Such documents shall be made available to the State Controller's Office on request.

**B. Form CBC-1, Claim Summary**

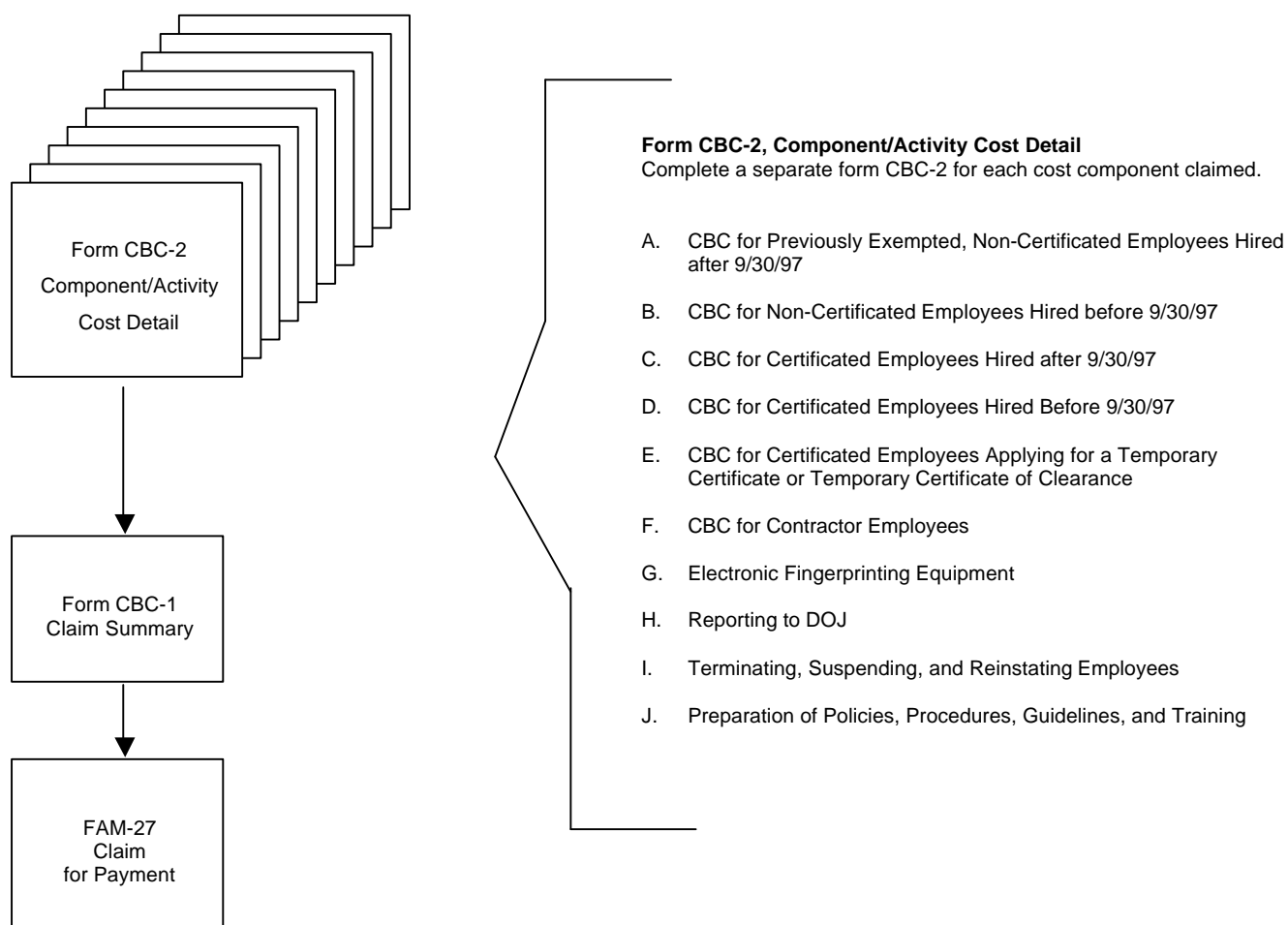
This form is used to summarize direct costs by cost component and compute allowable indirect costs for the mandate. Claim statistics shall identify the work performed for which costs are claimed. The claimant must give the total number of persons who had a CBC during the claim period. The direct costs summarized on this form are derived from form CBC-2 and are carried forward to form FAM-27.

School districts and county offices of education may compute the amount of indirect costs utilizing the State Department of Education's Annual Program Cost Data Report J-380 or J-580 rate, as applicable. The cost data on this form is carried forward to form FAM-27.

**C. Form FAM-27, Claim for Payment**

This form contains a certification that must be signed by an authorized representative of the local agency. All applicable information from form CBC-1 must be carried forward to this form for the State Controller's Office to process the claim for payment.

## Illustration of Forms



CLAIM FOR PAYMENT			For State Controller Use Only	
<b>Pursuant to Government Code Section 17561</b> <b>CRIMINAL BACKGROUND CHECKS AKA</b> <b>MICHELLE MONTOYA SCHOOL SAFETY ACT</b>			(19) Program Number 00183	
			(20) Date File _____/_____/_____	
			(21) LRS Input _____/_____/_____	
<b>L</b> <b>A</b> <b>B</b> <b>E</b> <b>L</b>  <b>H</b> <b>E</b> <b>R</b> <b>E</b>	(01) Claimant Identification Number		<b>Reimbursement Claim Data</b>	
	(02) Mailing Address		(22) CBC-1, (04)(1)(f)	
	Claimant Name		(23) CBC-1, (04)(2)(f)	
	County of Location		(24) CBC-1, (04)(3)(f)	
	Street Address or P.O. Box		(25) CBC-1, (04)(4)(f)	
	City	State	Zip Code	(26) CBC-1, (04)(5)(f)
<b>Type of Claim</b>	<b>Estimated Claim</b>	<b>Reimbursement Claim</b>	(27) CBC-1, (04)(6)(f)	
	(03) Estimated <input type="checkbox"/>	(09) Reimbursement <input type="checkbox"/>	(28) CBC-1, (04)(7)(f)	
	(04) Combined <input type="checkbox"/>	(10) Combined <input type="checkbox"/>	(29) CBC-1, (04)(8)(f)	
	(05) Amended <input type="checkbox"/>	(11) Amended <input type="checkbox"/>	(30) CBC-1, (04)(9)(f)	
<b>Fiscal Year of Cost</b>	(06) 19____/20____	(12) 19____/19____	(31) CBC-1, (04)(10)(f)	
<b>Total Claimed Amount</b>	(07)	(13)	(32) CBC-1, (06)	
<b>Less: 10% Late Penalty, not to exceed \$1,000</b>		(14)	(33)	
<b>Less: Estimated Claim Payment Received</b>		(15)	(34)	
<b>Net Claimed Amount</b>		(16)	(35)	
<b>Due from State</b>	(08)	(17)	(36)	
<b>Due to State</b>		(18)	(37)	
<b>(38) CERTIFICATION OF CLAIM</b>  <p>In accordance with the provisions of Government Code § 17561, I certify that I am the person authorized by the local agency to file claims with the State of California for costs mandated by Chapters 588 and 589, Statutes of 1997, and certify under penalty of perjury that I have not violated any of the provisions of Government Code Sections 1090 to 1096, inclusive.</p> <p>I further certify that there was no application other than from the claimant, nor any grant or payment received, for reimbursement of costs claimed herein; and such costs are for a new program or increased level of services of an existing program mandated by Chapters 588 and 589, Statutes of 1997.</p> <p>The amounts for Estimated Claim and/or Reimbursement Claim are hereby claimed from the State for payment of estimated and/or actual costs for the mandated program of Chapters 588 and 589, Statutes of 1997, set forth on the attached statements.</p>				
Signature of Authorized Representative		Date		
_____		_____		
_____		_____		
Type or Print Name		Title		
(39) Name of Contact Person for Claim		Telephone Number		
_____		(_____) _____ Ext. _____		

**CRIMINAL BACKGROUND CHECKS AKA MICHELLE MONTTOYA SCHOOL SAFETY ACT**  
**Certification Claim Form**  
**Instructions**

**FORM**  
**FAM-27**

- (01) Leave blank.
- (02) A set of mailing labels with the claimant's I.D. number and address has been enclosed with the claiming instructions. The mailing labels are designed to speed processing and prevent common errors that delay payment. Affix a label in the space shown on form FAM-27. Cross out any errors and print the correct information on the label. Add any missing address items, except county of location and a person's name. If you did not receive labels, print or type your agency's mailing address.
- (03) If filing an original estimated claim, enter an "X" in the box on line (03) Estimated.
- (04) If filing an original estimated claim on behalf of districts within the county, enter an "X" in the box on line (04) Combined.
- (05) If filing an amended or combined claim, enter an "X" in the box on line (05) Amended. Leave boxes (03) and (04) blank.
- (06) Enter the fiscal year in which costs are to be incurred.
- (07) Enter the amount of estimated claim. If the estimate exceeds the previous year's actual costs by more than 10%, complete form CBC-1 and enter the amount from line (11).
- (08) Enter the same amount as shown on line (07).
- (09) If filing an original reimbursement claim, enter an "X" in the box on line (09) Reimbursement.
- (10) If filing an original reimbursement claim on behalf of districts within the county, enter an "X" in the box on line (10) Combined.
- (11) If filing an amended or a combined claim on behalf of districts within the county, enter an "X" in the box on line (11) Amended.
- (12) Enter the fiscal year for which actual costs are being claimed. If actual costs for more than one fiscal year are being claimed, complete a separate form FAM-27 for each fiscal year.
- (13) Enter the amount of reimbursement claim from form CBC-1, line (11).
- (14) Filing Deadline. Initial Claims of Chs. 588 and 589/97. If the reimbursement claim for the period 9/30/97 to 6/30/98 and fiscal year 1998-99, is filed after May 2, 2000, the claim must be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- In subsequent years, reimbursement claims must be filed by January 15 of the fiscal year in which costs are incurred or the claims shall be reduced by a late penalty. Enter either the product of multiplying line (13) by the factor 0.10 (10% penalty) or \$1,000, whichever is less.
- (15) If filing a reimbursement claim and have previously filed an estimated claim for the same fiscal year, enter the amount received for the estimated claim. Otherwise, enter a zero.
- (16) Enter the result of subtracting line (14) and line (15) from line (13).
- (17) If line (16) Net Claimed Amount is positive, enter that amount on line (17) Due from State.
- (18) If line (16) Net Claimed Amount is negative, enter that amount in line (18) Due to State.
- (19) to (21) Leave blank.
- (22) to (37) Reimbursement Claim Data. Bring forward the cost information as specified on the left-hand column of lines (22) through (32) for the reimbursement claim e.g. CBC-1, (04)(1)(f), means the information is located on form CBC-1, line (04)(1), column (f). Enter the information on the same line but in the right-hand column. Cost information should be rounded to the nearest dollar, (i.e., no cents). Indirect costs percentage should be shown as a whole number and without the percent symbol (i.e., 7.548% should be shown as 8). Completion of this data block will expedite the payment process.
- (38) Read the statement "Certification of Claim." If it is true, the claim must be dated, signed by the agency's authorized representative and must include the person's name and title, typed or printed. Claims cannot be paid unless accompanied by a signed certification.
- (39) Enter the name and telephone number of the person whom this office should contact if additional information is required.

**SUBMIT A SIGNED ORIGINAL AND A COPY OF FORM FAM-27, AND A COPY OF ALL OTHER FORMS AND SUPPORTING DOCUMENTS TO:**

***Address, if delivered by U.S. Postal Service:***

***Address, if delivered by other delivery service:***

**OFFICE OF THE STATE CONTROLLER**  
**ATTN: Local Reimbursements Section**  
**Division of Accounting and Reporting**  
**P.O. Box 942850**  
**Sacramento, CA 94250**

**OFFICE OF THE STATE CONTROLLER**  
**ATTN: Local Reimbursements Section**  
**Division of Accounting and Reporting**  
**3301 C Street, Suite 500**  
**Sacramento, CA 95816**

<b>MANDATED COSTS</b> <b>CRIMINAL BACKGROUND CHECKS AKA MICHELLE MONTOYA SCHOOL SAFETY ACT</b> <b>CLAIM SUMMARY</b>						<b>FORM</b> <b>CBC-1</b>		
(01) Claimant			(02) Type of Claim Reimbursement <input style="width: 40px;" type="text"/> Estimated <input style="width: 40px;" type="text"/>			Fiscal Year 19 ____/19 ____		
(03) Leave blank								
<b>Direct Costs</b>								
(04) Reimbursable Components:			(a) Salaries and Benefits	(b) Materials and Supplies	(c) Travel and Training	(d) Fixed Assets	(e) Contract Services	(f) Total
1. CBC for Previously Exempted, Non-Certificated Employees Hired after 9/30/97								
2. CBC for Non-Certificated Employees Hired before 9/30/97								
3. CBC for Certificated Employees Hired after 9/30/97								
4. CBC for Certificated Employees Hired Before 9/30/97								
5. CBC for Certificated Employees Applying for a Temporary Certificate or Temporary Certificate of Clearance								
6. CBC for Contractor Employees								
7. Electronic Fingerprinting Equipment								
8. Reporting to DOJ								
9. Terminating, Suspending, and Reinstating Employees								
10. Preparation of Policies, Procedures, Guidelines, and Training								
(05) Total Direct Costs								
<b>Indirect Costs</b>								
(06) Indirect Cost Rate						[From J-380 or J-580]		%
(07) Total Indirect Costs						[Line (06) x {line (05)(f) - line (05)(e)}]		
(08) Total Direct and Indirect Costs						[Line (05)(f) + line (07)]		
<b>Cost Reduction</b>								
(09) Less: Offsetting Savings, if applicable								
(10) Less: Other Reimbursements, if applicable								
(11) Total Claimed Amount						[Line (08) - {line (09) + line (10)}]		

<b>CRIMINAL BACKGROUND CHECKS AKA MICHELLE MONTOYA SCHOOL SAFETY ACT</b> <b>CLAIM SUMMARY</b> <b>Instructions</b>	<b>FORM</b> <b>CBC-1</b>
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- (01) Enter the name of the claimant.
- (02) Type of Claim. Check a box, Reimbursement or Estimated, to identify the type of claim being filed. Enter the fiscal year of costs.
- Form CBC-1 must be filed for a reimbursement claim. Do not complete form CBC-1 if you are filing an estimated claim and the estimate does not exceed the previous fiscal year's actual costs by more than 10%. Simply enter the amount of the estimated claim on form FAM-27, line (07). However, if the estimated claim exceeds the previous fiscal year's actual costs by more than 10%, form CBC-1 must be completed and a statement attached explaining the increased costs. Without this information the high estimated claim will automatically be reduced to 110% of the previous fiscal year's actual costs.
- (03) Leave blank.
- (04) Reimbursable Components. For each reimbursable component, enter the totals from form CBC-2, line (05) columns (d), (e), (f), (g), and (h) to form CBC-1, block (04) columns (a), (b), (c), (d), and (e) in the appropriate row. Total each row.
- (05) Total Direct Costs. Total columns (a) through (f).
- (06) Indirect Cost Rate. Enter the indirect cost rate from the Department of Education form J-380 or J-580, as applicable for the fiscal year of costs.
- (07) Total Indirect Costs. Enter the result of multiplying the Indirect Cost Rate, line (06), by the Total Direct Costs, line (05)(f), reduced by Contract Services, line (05)(e).
- (08) Total Direct and Indirect Costs. Enter the sum of Total Direct Costs, line (05)(f) and Total Indirect Costs, line (07).
- (09) Less: Offsetting Savings, if applicable. Enter the total savings experienced by the claimant as a direct result of this mandate. Submit a detailed schedule of savings with the claim.
- (10) Less: Other Reimbursements, if applicable. Enter the amount of other reimbursements received from any source including, but not limited to, service fees collected, and other state funds that reimbursed any portion of the mandated cost program. Submit a schedule detailing the reimbursement sources and amounts.
- (11) Total Claimed Amount. Subtract the sum of Offsetting Savings, line (09) and Other Reimbursements, line (10) from Total Direct and Indirect Costs, line (08). Enter the remainder on this line and carry the amount forward to form FAM-27, line (13) for the Reimbursement Claim.

<b>MANDATED COSTS</b> <b>CRIMINAL BACKGROUND CHECKS AKA MICHELLE MONTOYA SCHOOL SAFETY ACT</b> <b>COMPONENT/ACTIVITY COST DETAIL</b>						<b>FORM</b> <b>CBC-2</b>			
(01) Claimant			(02) Fiscal Year Costs Were Incurred						
(03) Reimbursable Components: Check <b>only</b> one box per form to identify the component being claimed.									
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> CBC for Previously Exempted, Non-Certificated Hired after 9/30/97  <input type="checkbox"/> CBC for Non-Certificated Hired before 9/30/97  <input type="checkbox"/> CBC for Certificated Hired after 9/30/97  <input type="checkbox"/> CBC for Certificated Hired before 9/30/97  <input type="checkbox"/> CBC for Certificated Applying for a Temporary Certificate/Clearance         </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> CBC for Contractor Employees  <input type="checkbox"/> Electronic Fingerprinting Equipment  <input type="checkbox"/> Reporting to DOJ  <input type="checkbox"/> Terminating, Suspending, and Reinstating  <input type="checkbox"/> Preparation of Policies, Procedures, Guidelines, Training         </td> </tr> </table>								<input type="checkbox"/> CBC for Previously Exempted, Non-Certificated Hired after 9/30/97 <input type="checkbox"/> CBC for Non-Certificated Hired before 9/30/97 <input type="checkbox"/> CBC for Certificated Hired after 9/30/97 <input type="checkbox"/> CBC for Certificated Hired before 9/30/97 <input type="checkbox"/> CBC for Certificated Applying for a Temporary Certificate/Clearance	<input type="checkbox"/> CBC for Contractor Employees <input type="checkbox"/> Electronic Fingerprinting Equipment <input type="checkbox"/> Reporting to DOJ <input type="checkbox"/> Terminating, Suspending, and Reinstating <input type="checkbox"/> Preparation of Policies, Procedures, Guidelines, Training
<input type="checkbox"/> CBC for Previously Exempted, Non-Certificated Hired after 9/30/97 <input type="checkbox"/> CBC for Non-Certificated Hired before 9/30/97 <input type="checkbox"/> CBC for Certificated Hired after 9/30/97 <input type="checkbox"/> CBC for Certificated Hired before 9/30/97 <input type="checkbox"/> CBC for Certificated Applying for a Temporary Certificate/Clearance	<input type="checkbox"/> CBC for Contractor Employees <input type="checkbox"/> Electronic Fingerprinting Equipment <input type="checkbox"/> Reporting to DOJ <input type="checkbox"/> Terminating, Suspending, and Reinstating <input type="checkbox"/> Preparation of Policies, Procedures, Guidelines, Training								
(04) Description of Expenses: Complete columns (a) through (h)				<b>Object Accounts</b>					
(a) Employee Names, Job Classifications, Functions Performed and Description of Expenses	(b) Hourly Rate or Unit Cost	(c) Hours Worked or Quantity	(d) Salaries and Benefits	(e) Materials and Supplies	(f) Travel and Training	(g) Fixed Assets	(h) Contract Services		
(05) Total <input style="width: 50px;" type="text"/> Subtotal <input style="width: 50px;" type="text"/> Page: ____ of ____									



**CRIMINAL BACKGROUND CHECKS AKA MICHELLE MONTOYA SCHOOL SAFETY ACT  
COMPONENT/ACTIVITY COST DETAIL**

**Instructions**

**FORM  
CBC-2**

- (01) Enter the name of the claimant.
- (02) Enter the fiscal year for which costs were incurred.
- (03) Reimbursable Components. Check the box which indicates the cost component being claimed. Check only one box per form. A separate form CBC-2 shall be prepared for each component which applies.
- (04) Description of Expenses. The following table identifies the type of information required to support reimbursable costs. To detail costs for the component activity box "checked" in block (03), enter the employee name(s), position title(s), a brief description of the activities performed, actual time spent by each employee, productive hourly rates, fringe benefits, materials and supplies used, travel, training, and contract services. **The descriptions required in column (4)(a) must be of sufficient detail to explain the cost of activities or items being claimed. Complete descriptions will expedite the payment process.** For audit purposes, all supporting documents must be retained by the claimant for a period of not less than two years after the end of the calendar year in which the reimbursement claim was filed or last amended, whichever is later. If no funds were appropriated for the initial claim at the time the claim was filed, supporting documents must be retained for two years from the date of the initial claim. Such documents shall be made available to the State Controller's Office on request.

Object/ Sub-object Accounts	Columns							(h)	Submit these supporting documents with the claim
	(a)	(b)	(c)	(d)	(e)	(f)	(g)		
<b>Salaries</b>	Employee Name	Hourly Rate	Hours Worked	Salaries = Hourly Rate x Hours Worked					
<b>Benefits</b>	Title  Activities Performed	Benefit Rate		Benefits = Benefit Rate x Salaries					
<b>Materials and Supplies</b>	Description of Supplies Used	Unit Cost	Quantity Used		Cost = Unit Cost X Quantity				
<b>Travel and Training</b>	Purpose of Trip	Per Diem Rate Mileage Rate	Days Miles			Rate x Days or Miles = Total Transportation Cost			
Travel	Name and Title Departure and Return Date	Transportation Cost	Transportation Mode						
Training	Employee Name/Title Name of Class		Dates Attended			Registration Fee			
<b>Fixed Assets</b>	Description of Equipment Purchased Equipment I D	Unit Cost	Quantity Used				Itemized Cost of Equipment Purchased		Invoice
<b>Contract Services</b>	Name of Contractor Specific Tasks Performed	Hourly Rate	Hours Worked Inclusive Dates of Service					Itemized Cost of Services Performed	Invoice

- (05) Total line (04), columns (d), (e), (f), (g), and (h) and enter the sum on this line. Check the appropriate box to indicate if the amount is a total or subtotal. If more than one form is needed for the component/activity, number each page. Enter totals from line (05), columns (d), (e), (f), (g), and (h) to form CBC-1, block (04) columns (a), (b), (c), (d), and (e) in the appropriate row.